



State of California  
**Respiratory Care Board**  
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**Inquiry:** Please advise whether the following excerpt from requested disease-management program (requested from large managed-care org.) raises questions and/or concerns regarding RT's scope of practices.

On-Call Issues and Communication

- Patient to be educated on handling COPD exacerbation
- Triage Hospitalizations via access to Respiratory Therapist with contact information
- Re-Direction of patient to appropriate health system (i.e., urgent care, ER or Hospital)
- Patients to be given RT's direct phone number to call when experiencing exacerbation.
- R.T. will then redirect patient as to whether E.R., Urgent Care or Hospitalization is needed."

We are particularly concerned about what seems to be a request to have (our) RT's determine levels of care based upon phone communications with patients. An example given to us posed a situation where a COPD patient, suffering from S.O.B., would contact the RT. The RT would then be expected to determine, based upon the patient's descriptions of his/her difficulties, whether the patient would need to be treated at a facility. The patient would then be advised by the RT, evidently without direct physician involvement, as to the best treatment course of action. Since the main goal of this program would be to reduce "unscheduled" Dr. visits and/or hospitalizations, we are concerned that our participation at the requested levels might place our company (and our RTs) at legal risk. We are a durable medical equipment provider with no home healthcare organizational affiliation.

**Response:** Your inquiry raises great concern regarding the ability of a Respiratory Care Practitioner to assess and triage a patient safely without ANY measurable data or direct patient assessment. It is in conflict with section 3702 (a) of the B&P code that states, "RCP's can provide direct and indirect pulmonary care that is safe, aseptic, preventative, and restorative to the patient". This practice does not appear to be safe for the patient.

From a patient safety perspective, I think this practice will add confusion for the patient. Patients should always be instructed to consult their On-Call Physician or go to an appropriate facility for immediate treatment whenever a patient experiences exacerbation. It has been my clinical experience that many of these patients wait too long to get appropriate treatment, which usually leads to

The Board would not see this practice as safe for the patient and would greatly discourage implementing such a practice. If the Board were to become aware of the managed care organization proposing such a policy it would be the Board's duty to report this unsafe practice to all the appropriate state departments and boards.

Reference #: 2004-C-17